

PREDOCTORAL INTERNSHIP SUPERVISION CONFIRMATION FORM

Part I. TO BE COMPLETED BY APPLICANT

Applicant's Name: _____

Part II. INTERNSHIP TRAINING DIRECTOR

The above-named individual has applied for licensure as a psychologist in the State of South Dakota. You are being asked to certify the supervised predoctoral psychology internship of this applicant. Attesting to this applicant's internship training is a critical element of the licensing process. Any misstatements by a licensed psychologist in completing this form may constitute unethical/unprofessional conduct. Please complete this form as objectively and candidly as possible. NO PORTION OF THE REMAINDER OF THIS FORM MAY BE FILLED IN BY THE APPLICANT.

Please return the completed form directly to:

South Dakota Board of Examiners of Psychologists
135 East Illinois, Suite 214
Spearfish, SD 57783

The application for licensure cannot be processed until this completed form is received by the Board of Examiners.

Part III. INFORMATION ABOUT INTERNSHIP

The internship must be an organized training program designed to provide the intern with a planned programmed sequence of training experiences, emphasizing breadth and quality of training.

Name of Internship Facility:

Address of Internship Facility:

Phone Number:

1. At the time of this applicant's internship was the internship program APA-Approved?
YES_____ NO_____

Is the internship program presently APA-Approved?
YES_____ NO_____

2. Name of agency psychologist who is designated to be responsible for the integrity and quality of the training program:

Part III. INFORMATION ABOUT INTERNSHIP (continued)

- State/Province of License _____
License # _____ Date Issued _____
(State/Province)
3. Inclusive dates of applicant's internship:
Beginning: _____ Termination date: _____
4. Applicant's title during the internship: _____
5. Applicant's position during the internship: _____
6. Total number of internship hours completed by applicant: _____
7. Internship was full time _____ or part-time _____
(hours/week) (hours/week)
8. Number of other interns in training during this applicant's intern ship: _____
9. Number of licensed psychologists on th e internship training faculty: _____
10. Percentage of time applicant's supervision was provided by licensed psychologists:

11. Percentage of time applicant's supervision was provided by persons other than
licensed psychologists: _____; specify supervisor's profession or discipline:

12. Percent of time applicant spent in direct client contact: _____
13. Number of hours per week applicant spent in face-to-face individual supervision:

14. Number of additional hours per week applicant spent in learning activities in which
the applicant was actively involved: _____

PLEASE RETURN WITH THIS COMPLETED FORM A WRITTEN STATEMENT OR BROCHURE WHICH DESCRIBES THE GOALS AND CONTENT OF THE INTERNSHIP, WHICH STATES CLEAR EXPECTATIONS FOR THE QUALITY AND QUANTITY OF THE TRAINEES'S WORK, AND WHICH IS AVAILABLE TO PROSPECTIVE INTERNS.

Submission of a written statement or brochure is required for this form to be complete.

Part IV. INFORMATION ABOUT INTERN

1. During the period of supervised experience, what percent of the applicant's direct service time was spent in service of the following age categories:
Preschool:
School Age:
Adolescent:
College:
Adult:
Senior Citizen:
2. Please describe the work load and training activities of the applicant: _____

3. Based on your overall experience with this applicant, do you personally attest to the competence, professional judgment and ethical conduct requisite to the practice of psychology? YES_____ NO_____

If NO, please explain:
4. Have you ever had any relationship with this applicant other than a supervisory relationship? YES_____ NO_____

If YES, please explain:
5. Is this applicant qualified by internship training to administer and interpret projective tests? YES_____ NO_____
6. What is the applicant not qualified to do in the practice of psychology? _____

7. Would you hire this applicant as a professional psychologist? YES_____ NO_____

If NO, please explain:
8. Do you have any reservations that would assist the South Dakota Board of Examiners of Psychologists in evaluating this applicant's qualifications to engage in the practice of psychology? YES_____ NO_____

If NO, please explain:

Part V. INFORMATION ABOUT SUPERVISOR

1. Name _____ Title _____

2. Current Address _____

3. Current Phone Number _____

4. Highest Degree Earned _____

5. Title at time applicant was supervised _____

6. Are you a licensed psychologist? YES _____ NO _____

7. If you are a licensed psychologist, please list:

State/Province _____ Level _____

License # _____ Date Acquired _____

If you are licensed in any other states/provinces, please list:

If you are not licensed or certified, please complete the following:

Major subject of degree: _____

Title of department and school granting degree: _____

Number of years worked in the capacity as a professional psychologist: _____

I DO / DO NOT recommend this applicant for licensure in psychology.

Director's/Supervisor's Signature

Date

Internship